Disaster Mental Health

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"We should not forget that the first suicide after the Oklahoma City bombing was a police officer who had been called a hero."

- A. Kathryn Power – Substance Abuse & Mental Health Services Administration (SAMHSA)

Goals of Disaster Mental Health

- To prevent maladaptive psychological and behavioral reactions of disaster victims and rescue workers.

and

- To minimize the counterproductive effects such maladaptive reactions might have on the disaster response and recovery.

Psychotherapy vs. DMH

Traditional Psychotherapy:

- Office/hospital based
- Focuses on illness or pathology
- Diagnosis & treatment
- Impacts personality & functioning

Disaster Mental Health:

- Action-oriented; based on outreach into homes & community
- Focuses on strengths & positive coping skills; holds out hope for survivors
- Assumes healthy individuals

Psychotherapy vs. DMH

Traditional Psychotherapy:

- Looks for insight into past experiences & current problems
- Probes content
- Psychotherapy focus

Disaster Mental Health:

- Restores to pre-disaster functioning
- Accepts content at face value
- Psycho-ed focus

Disaster Mental Health Practice

- More practical than psychological
- Often practiced on scene by trained lay people and medical providers
- Mental Health Professionals:
  - Often not trained in DMH or PFA
  - When trained, best utilized to work with high risk populations & supervisory roles
  - “Traditional mental health” expertise may be needed at a later phase or for consultation

Mental Health Reactions to Disaster

- True or False?

  Most people will suffer long-term adverse mental health issues after being exposed to a disaster.

  FALSE

Mental Health Reactions to Disaster

- Resilience, is the most common response in the aftermath of disasters.
- Resiliency is the capacity to:
  - Bounce back
  - Heal
  - Grow
  - Recover
  - Cope with stresses

Mental Health Reactions to Disaster

- NORMAL reactions:
  - Difficulty concentrating or sleeping
  - Mild – moderate anxiety/fear
  - Grief/sadness
  - Irritability/anger
  - Nausea & other stress related physical complaints
  - Difficulty making decisions
- It is the duration & severity of the symptoms that needs to be evaluated.

The nature, magnitude, timing, frequency, duration, perception and response determines the psychological impact.

Natural

Accidental

Terrorism

Risk Factors that deter resilience:

- Job loss and economic hardships
- Loss of sense of safety
- Loss of sense of control
- Loss of symbolic or community structure

(examples: terrorism, pandemic flu epidemic)

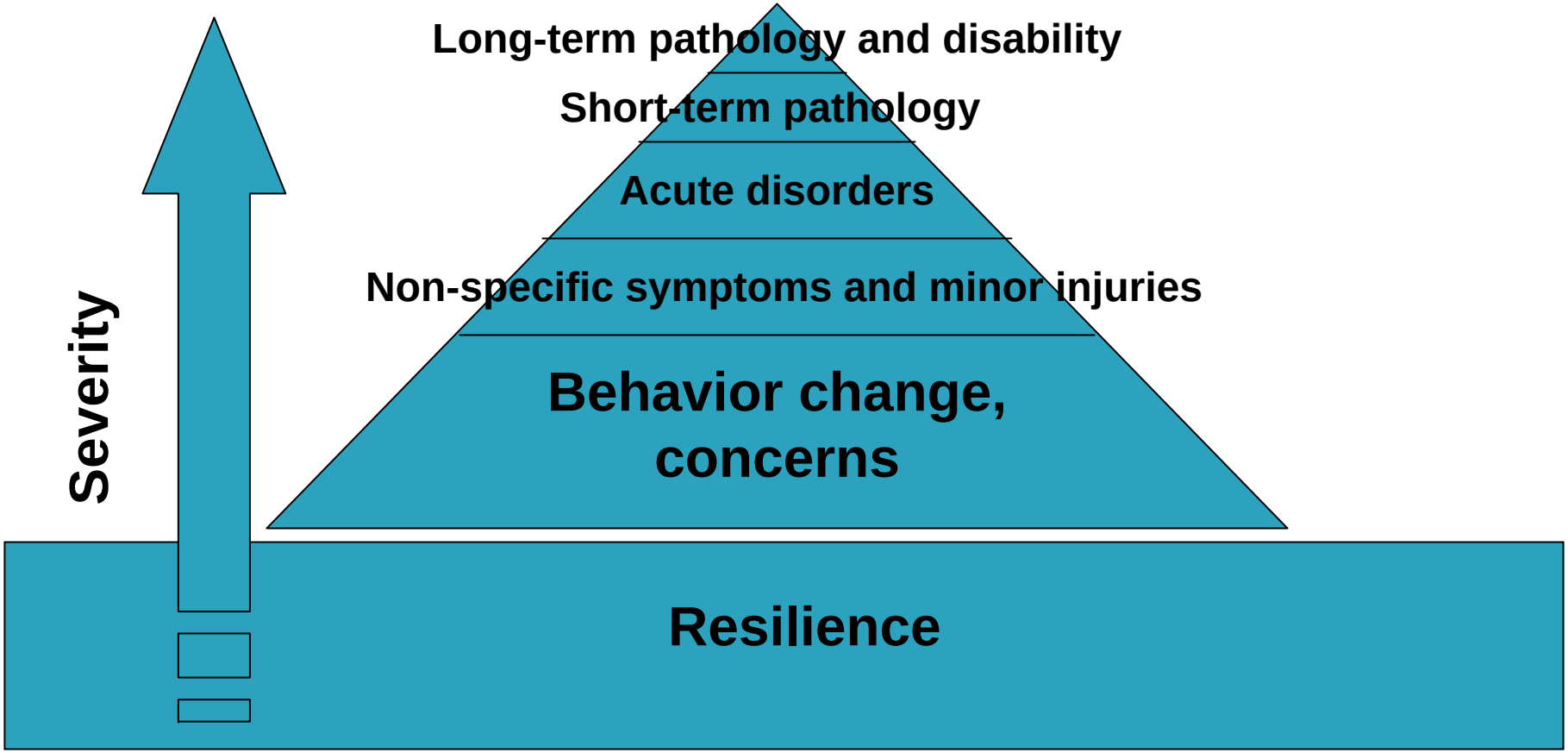
Individual risk factors for developing psychiatric problems post-disaster:

- Extent of exposure to disaster (death or injury) – #1 factor in development of PTSD
- Children – highest risk age group (Norris et. al.)
  - Parent's mental health directly impacts kid's mental health.
- Elderly
- History of PTSD

Individual risk factors for developing psychiatric problems post-disaster:

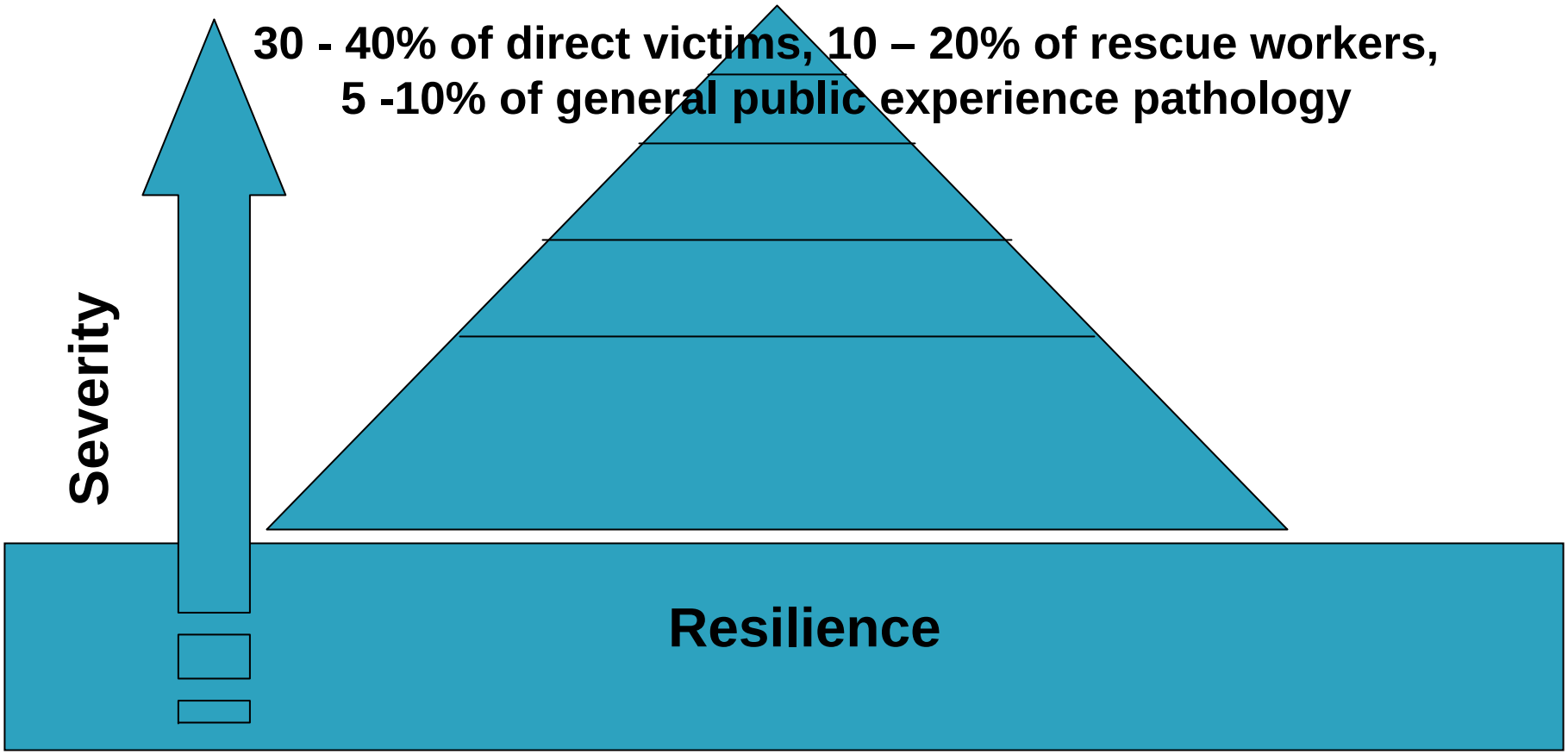
- Have other major life stressors
- Lack of social support
- Lack of resources (lower SES)
- Have chronic medical or psychological disorders
  - Exception – levels of suicidal ideation/plans in those with mental illness = lower after Katrina (0.4% vs. 3.3%) (Kessler et. al. 2006)

Health consequences of mass trauma



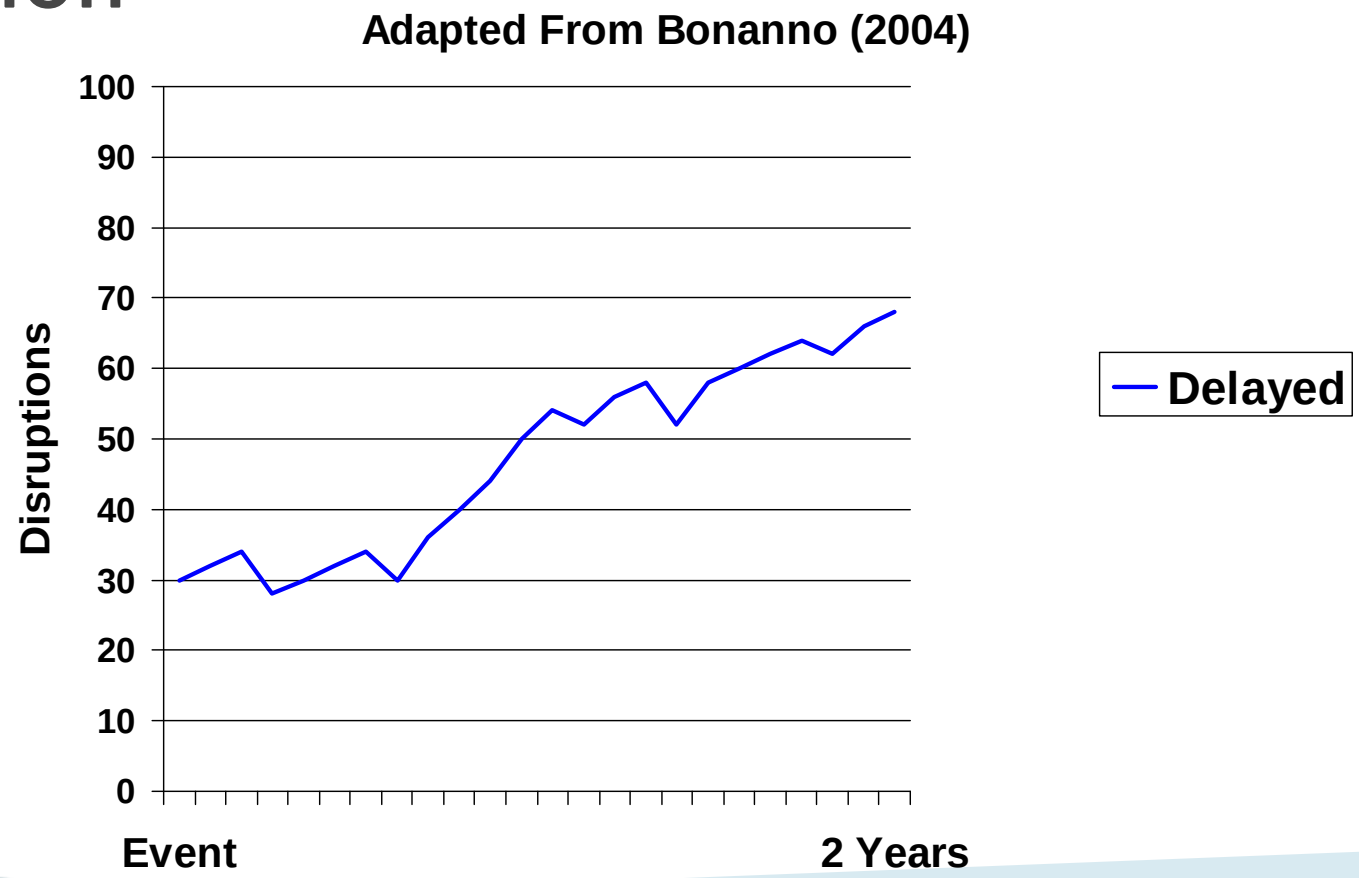
(Galea, 2007)

Health consequences of mass trauma



(Galea, 2007)

Delayed onset distress – least common reaction



What helps people regain normalcy?

- Supportive personal and professional environment (friends, family, workplace),
- Access to information and counseling (frequent factual updates, MHPs, spiritual support),
- Optimistic personality, and
- Personal meaning attributed to the event.

Identify and serve those at high risk early

- There is increasing evidence for those triaged as high risk that providing certain brief, evidence based, interventions within the first month may have a tremendous impact to deflect the trajectory or risk and impairment. (Bryant et. al. 2004)

"Second Disaster" – getting the help

"The process of seeking help from government, voluntary agencies, and insurance companies is fraught with rules, red tape, hassles, delays, and disappointment for survivors of disaster…Mental health staff may assist individuals by reassuring them that this "second disaster" is a common phenomenon, and that they are not alone in their frustration…Support groups, in which survivors can offer each other concrete advice and suggestions about how to deal with bureaucratic problems, can be very helpful."

–Diane Myers & David F. Wee

Preparedness Activities:

- Educate on Disaster Behavior Health
  - Mental Health Professionals/Social Workers
  - Healthcare Workers (esp. General Practitioners)
  - First Responders
- Drills & exercises to include mental health component.
- Research to improve understanding and TX
- Risk communication to the public.
  - Must be culturally competent & accessible.

Preparedness Activities:

- Develop a coordinated short & long term mental health response system.
  - Include schools, mental health & substance abuse providers (inpatient & outpatient), ARC, DHHS, DOH, KC Mental Health, Faith-based counselors, etc.
  - Train and drill:
    - Rapid triage instruments (PsyStart)
    - Incident Command System (ICS)
- Train in Psychological First Aid

Psychological First Aid (PFA)

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Critical Incident Stress Management (CISM) & PFA

- CISM consists of:
  - multiple crisis intervention components,
  - interventions which may be applied to individuals, small functional groups, large groups, families, organizations, and even communities.

- PFA is the intervention tool/modality that a trained CISM responders use in the immediate aftermath of a disaster.

Psychological First Aid (PFA)

"…in the first hours after a disaster, at least 25% of the population may be stunned and dazed, apathetic and wandering – especially if impact has been sudden and totally devastating…at this point, psychological first aid is necessary…"

- Beverly Raphael, When disaster strikes. (1986)

Intervention goals…

- Facilitate survivor understanding of current situation and reactions
- Lessen additional stress
- Review survivor options
- Promote coping strategies
- Provide emotional support
- Encourage linkages with resources (people, services) in order to return to pre-disaster level of functioning

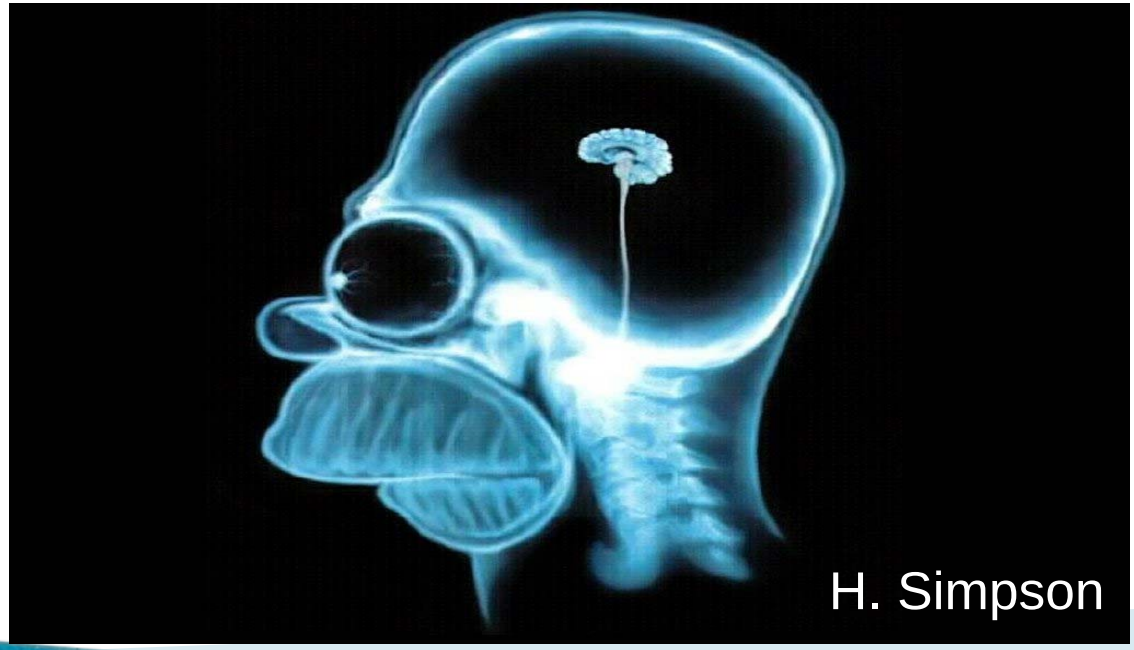
Psychological First Aid

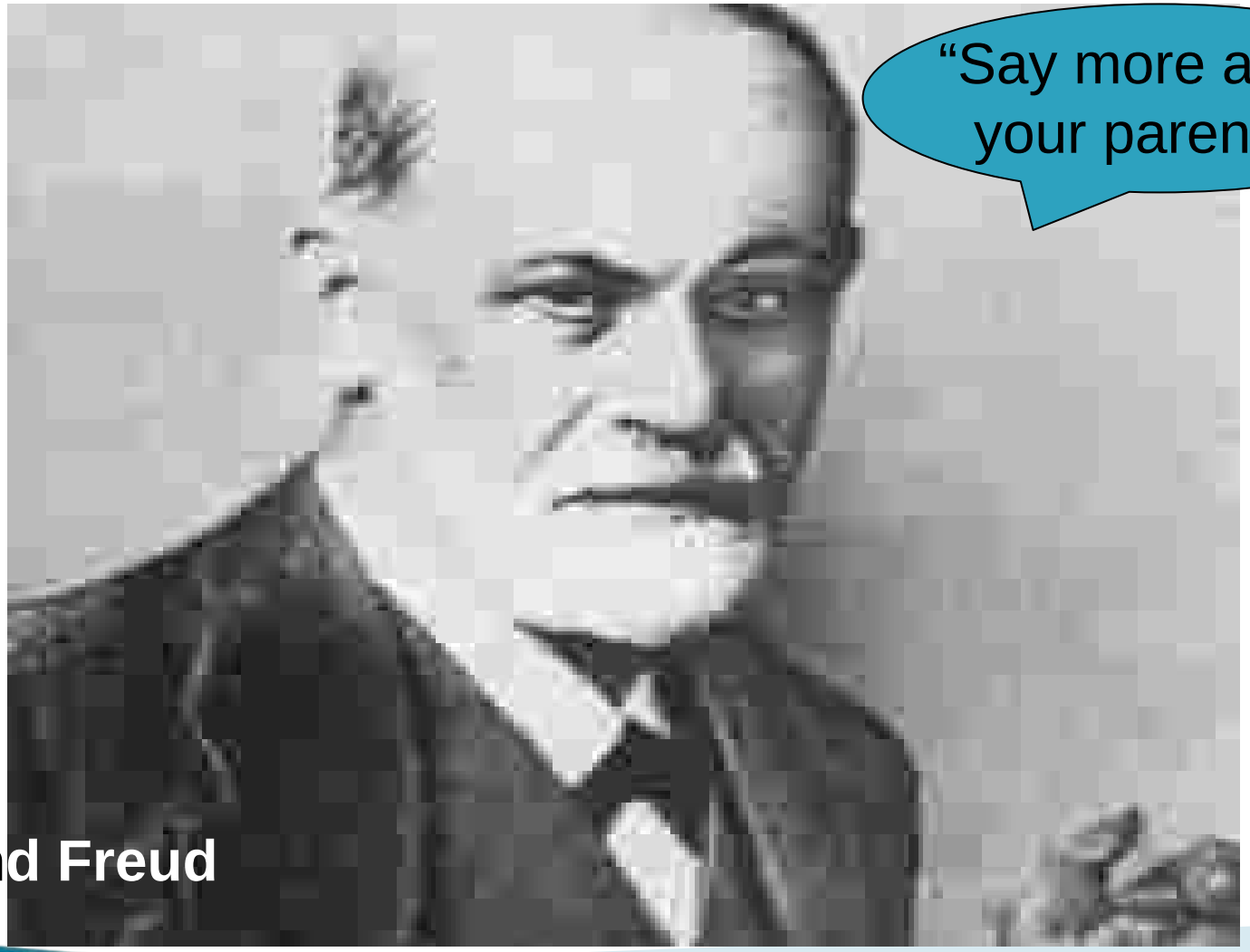
"…creates and sustains an environment of:
(1) safety,
(2) calming,
(3) connectedness to others,
(4) self-efficacy & empowerment, and
(5) hopefulness."

- Center for the Study of Traumatic Stress

Biological reaction to stress

Under extreme stress frontal lobe turns off, limbic system turns on.





Sigmund Freud

Overview of PFA

Same steps EMTs & Paramedics take:

1. Triage
2. Stabilize (keep things from getting worse)
3. Facilitate access to the next level of care, if necessary

Basic PFA – 5 Steps

1. Connect & establish rapport.
   - Be a supportive and compassionate presence.
   - What color are their eyes?
   - Respect personal space.
   - Ask concrete/open ended questions. (name, date)

2. Assess:
   - Immediate critical needs (provide food, water, medical, comfort and safety first)
   - Functioning

Basic PFA – 5 Steps

3. **Address immediate psychological needs.**
   - Listen to those who want to share their stories & emotions.
   - Normalize reactions without minimizing them.

4. **Provide grounding technique to reduce overwhelm and increase focus, if needed.**
   - Sit down, breath in through nose, out through mouth slowly
   - 5 things they can **see**, 5 things they can **hear**, 5 things they can **feel**

Basic Psychological First Aid

Immediate attention required if evidence of:

- Suicidal ideation
- Homicidal ideation
- Child or elder abuse
- Domestic violence
- Inability to care for self or children

Basic PFA – 5 Steps

5. Engage individual in solving immediate needs.
   - Inquire about existing resources.
   - Develop basic plan with him/her.
     - Have person write information down.
   - Connect person with further assistance if needed.
   - Educate on stress responses & how to manage.
   - Do not make promises!
     - Be honest and realistic about available resources and your abilities.

PFA in summary…

- Active listening/communication
- Meet basic human needs
- Recognize mild distress
- Recognize incapacitating dysfunction
- Teach stress management
- Manage referrals/resources
- Take care of yourself

For more information…

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Thank You!

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